Statement of
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Mr. Chairman and members of the Subcommittee, thank you for inviting me to appear before you today to discuss the role of the airlines in stemming the spread of pandemic disease. Efficient and affordable air transportation has helped to create a highly mobile international society which facilitates the exchange of ideas, goods, and unfortunately, viruses. The rapid spread of Severe Acute Respiratory Syndrome (SARS) underscored that fact. But we believe that the lessons learned from that experience can help us and the federal agencies we work with to limit the impact of similar outbreaks.

We recognize that air travel makes it possible for infected individuals to cover great distances in a short time and therefore that airlines must be part of any comprehensive strategy for controlling potential pandemics. We continue to work to be better prepared to respond promptly and in a coordinated way to any such episodes. However, any examination of this issue must recognize the different capabilities and, therefore, the different roles of those who must respond to these outbreaks. The airlines cannot do it alone – we must rely on information and guidance from the experts. The Air Transport Association (ATA) is proud of its record of cooperation and coordination with the Centers for Disease Control (CDC) and the Federal Aviation Administration (FAA) in responding to the threat of communicable diseases. As a matter of fact, our Medical

Committee will be meeting next week at the CDC in Atlanta, and Dr. Jordan will be among the meeting participants.

This relationship didn't start with SARS – through the years we have worked closely with these two agencies on more familiar public health issues such as tuberculosis, measles and chicken pox – but SARS brought home the importance of a close relationship in responding to an emerging disease. During the three-month period that SARS played havoc with international travel, April through June of 2003, ATA and its members were in frequent – often daily – contact with the CDC's Traveler's Health Program to receive updates and provide input on what was needed to respond effectively. ATA member airlines also assisted the CDC in distributing more than 2.7 million health alert notices to travelers arriving in the U.S. from SARS-affected countries.

Since that time, we have continued discussions with the CDC, the FAA, the Department of Transportation's Research and Innovative Technologies Institute and international groups including the World Health Organization (WHO), the International Air Transport Association (IATA), and the International Civil Aviation Organization (ICAO) to develop more effective mechanisms for responding to the next international health crisis.

Specifically, we have been working with the CDC and the others to expedite the process of providing information about passengers and crew members who may have been exposed to a suspected communicable disease. "Passenger contact tracing," as it is sometimes called, can be an important tool in bringing an end to an epidemic because it allows public health authorities to take steps to isolate and treat infected individuals before they can spread the disease further.

While airlines have cooperated with public health officials to conduct passenger contact tracing for decades, SARS taught us all that the old methods – which relied on hand-searching records to construct a contact list – simply would not work in a situation with literally hundreds of flights per day involving thousands of passengers. Thankfully, SARS did not gain a hold in the United States, but we acknowledge that despite the airlines' and the CDC's best efforts, there were difficulties and delays in contacting passengers.

The good news is that we have all learned from this experience – should SARS or a similar disease outbreak occur today, we are better prepared to respond swiftly and effectively. Working with the CDC, we have made sure that our members fully understand the reporting requirements for passengers with suspected communicable diseases. The expansion of the CDC's Quarantine Stations to additional airports has made both the reporting and the response to such reports more efficient and effective. With input from the airlines, the CDC has developed a "passenger locator card" to collect contact information from passengers in a machine-readable format. This locator card has been made available to the airlines, and they stand ready to use them when and if directed to do so by the CDC.

These locator cards would be used in the event of a disease outbreak involving international travelers. The CDC would identify both the countries where exposure to disease is most likely and, working with the airlines, the specific flights on which locator cards and health alert notices should be distributed. Using this targeted approach, the CDC would be able to gather information that may be necessary to contact passengers on

these flights. Passenger locator cards could also be useful when there is notification of a passenger with a serious communicable disease prior to the aircraft's arrival, and could save time in following up with potentially-exposed passengers. The CDC has accommodated the logistical challenges faced by the airlines in terms of how, when and where these materials should be stored and distributed, so long as passengers receive them prior to disembarkation in the United States.

While perhaps not the ideal long-term method for passenger contact tracing, this is a valuable interim solution that represents a reasonable approach to the real-world challenges we face in collecting and transmitting personal passenger information to any government agency, regardless of its purpose. The goal remains a seamless electronic transfer of data, but the impediments to reaching that goal are significant. These include concerns about data privacy, incompatible computer systems in use by airlines and the agencies, as well as questions of reciprocity with other countries.

These issues are not limited to information required by the CDC to conduct contact tracing – the same issues, and much of the same information, are at the heart of debates about how best to provide advance passenger information to the Bureau of Customs and Border Protection, data needed by the Transportation Security Administration to screen passengers prior to boarding, and other federal requirements for collecting and sharing passenger information.

In the interest of public health, safety and national security, ATA's member airlines stand ready and willing to assist in each of these endeavors, but we cannot do so in an ad hoc, redundant and uncoordinated fashion. We have long called for unification of these

functions within the federal government and believe that containing the spread of infections diseases is yet another justification. For each of these programs we have had to educate regulators and reinvent potential solutions in ways that may not be applicable to the next situation. We urge the various agencies that have a need for passenger information not only to continue working with us, but also to focus on working with each other.

Thank you for inviting me to come before the Committee. I look forward to your questions at the appropriate time.